



**First Presbyterian Weekday School**  
"Learning that starts in the heart."  
Winchester, VA – 116 S Loudoun Street – (540) 662-7588

**Registration Form 2025-2026 – Student Information**

|                |                |           |           |        |                |
|----------------|----------------|-----------|-----------|--------|----------------|
| First Name     | Middle Initial | Last Name | Name Used | Gender | Date of Birth: |
| Street Address |                | City      | State     |        | Zip Code       |

**Parent Information**

|                          |            |            |                                  |
|--------------------------|------------|------------|----------------------------------|
| Parent Name              | Home Phone | Cell Phone | Address, if different from child |
| Email Address (required) |            |            | Parent's Employer and Phone      |

|                          |            |            |                                  |
|--------------------------|------------|------------|----------------------------------|
| Parent Name              | Home Phone | Cell Phone | Address, if different from child |
| Email Address (required) |            |            | Parent's Employer and Phone      |

|                                      |     |    |  |
|--------------------------------------|-----|----|--|
| <b>Custody Arrangement in place?</b> | YES | NO | If yes, please make an appointment with office staff to provide legal documents. |
|--------------------------------------|-----|----|--|

**Release Information**

|  |
|--|
| Individuals AUTHORIZED to pick up your child (place names in space)  |
| Individuals NOT AUTHORIZED to pick up your child (place names in space) Please attach appropriate paperwork such as a divorce decree if a parent is not allowed to pick up child (32-05-252/6) |

**Emergency Information**

|   |               |                |
|---|---------------|----------------|
| Medical condition, allergies, food intolerances, etc. (Write NONE if 'not applicable'.) |               |                |
| Does your child take any medications regularly? If YES, please list.                    |               |                |
| Child's Physician   | Phone Number  |                |
| Name of emergency contact 1 (other than parent)   | Home Phone    | Cell Phone     |
| Name of emergency contact 2 (other than parent)   | Home Phone    | Cell Phone     |
| Name of Insurance Company   | Policy Number | Insured's Name |

## AGREEMENTS & STATEMENTS

The Weekday School agrees to notify the parents/guardian OR emergency contact whenever the child becomes ill, and the parents/guardian OR emergency contact agrees to pick up the child as soon as possible. The parents/guardian OR emergency contact authorize the Weekday School to seek immediate medical care if an emergency occurs and the parents/guardian OR emergency contact cannot be reached.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Nondiscriminatory Statement:** The Weekday School is open to all students ages 6 weeks to 5 years old regardless of race, color, creed, gender, or nationality.

**Confidentiality Statement:** Information about any child at FPWDS is confidential and will not be given to anyone except VA Department of Education or Social Services designees or other persons authorized by law unless the child's parent/guardian gives written permission. Information about a child in this program will be given to the local department of social services if the child received a day care subsidy or if the child has been named in a report of suspected child abuse or maltreatment or as otherwise allowed by law.

Are you a member of First Presbyterian Church?                                      YES      NO

Has your child ever attended preschool?    YES      NO    Name/address of previous school: \_\_\_\_\_

Has anyone in the family previously attended FPWDS?    YES      NO    Name/years: \_\_\_\_\_

### CLASS OFFERINGS and TUITION RATES

\*Please indicate 1 for first choice and 2 for second choice. Registration is calculated based on the age your child will be on or before September 30<sup>th</sup>.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

|                         |       |             |  |      |             |
|-------------------------|-------|-------------|--|------|-------------|
| INFANTS<br>6wks – 12mo  | M/W/F | \$315/month |  | T/Th | \$220/month |
|                         | M-F   | \$525/month |  |      |             |
| TODDLERS<br>13mo - 23mo | M/W/F | \$315/month |  | T/Th | \$220/month |
|                         | M-F   | \$525/month |  |      |             |
| TWOS<br>24mo – 35mo     | M/W/F | \$290/month |  | T/Th | \$210/month |
|                         | M-F   | \$460/month |  |      |             |
| THREES<br>36mo – 47mo   | M/W/F | \$285/month |  | M-Th | \$365/month |
|                         | M-F   | \$440/month |  |      |             |
| FOURS<br>48mo - older   | M-F   | \$440/month |  | M-Th | \$365/month |
|                         |       |             |  |      |             |
| PREK<br>5 by 12/31      | M-F   | \$440/month |  |      |             |
|                         |       |             |  |      |             |

Invoicing done through PLAYGROUND app (cash/check also accepted)

Non-refundable Registration Fee due at time of registration to guarantee enrollment: \$50 per child

Tuition Deposit: A non-refundable deposit of \$100 per child will be due on June 10, 2025, which will be applied to September's tuition. The remainder of September's tuition will be due by August 10, 2026. All tuition is due by the 10<sup>th</sup> of each month. Monthly tuition is billed and collected one month in advance.

Class Supply Fee: \$50/child (to be paid with September's tuition)

Entered into PLAYGROUND: \_\_\_\_\_ Registration fee received: \_\_\_\_\_